

**DEPARTMENT OF SOCIAL SERVICES**

DATE OF COMPLAINT

FACILITY NAME

FACILITY NUMBER

**SUBJECT: COMPLAINT RESPONSE**

Your complaint regarding the facility referenced above has been received and the following action has been taken:

- ☐ The complaint will be investigated promptly and you will be provided with a report of the findings.
- ☐ Your complaint has been referred to the following agency, which has responsibility for appropriate action:

Sincerely,

Licensing Evaluator

**DEPARTMENT OF SOCIAL SERVICES**

DATE OF COMPLAINT

FACILITY NAME

FACILITY NUMBER

**SUBJECT: COMPLAINT RESPONSE**

Your complaint regarding the facility referenced above has been received and the following action has been taken:

- ☐ The complaint will be investigated promptly and you will be provided with a report of the findings.
- ☐ Your complaint has been referred to the following agency, which has responsibility for appropriate action:

Sincerely,

Licensing Evaluator

**REPORT OF FINDINGS**

- ☐ The complaint could not be substantiated by the licensing evaluator.
- ☐ The complaint was not determined to be a violation of any licensing statute or regulation.
- ☐ Your complaint was substantiated and corrective action has been initiated. The Licensing Report (LIC 809) with plan of correction is available for your review in this office.

AUTHORIZED SIGNATURE

DATE